

# THE MENTAL WELLBEING OF FIRST RESPONDERS

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SIMPLY STATED....

Crisis is state of heightened  
emotional **arousal**

*...a state of emotional turmoil*



# CRISIS

A crisis is an acute emotional reaction to some powerful stimulus or a demand



# PSYCHOLOGICAL CRISIS

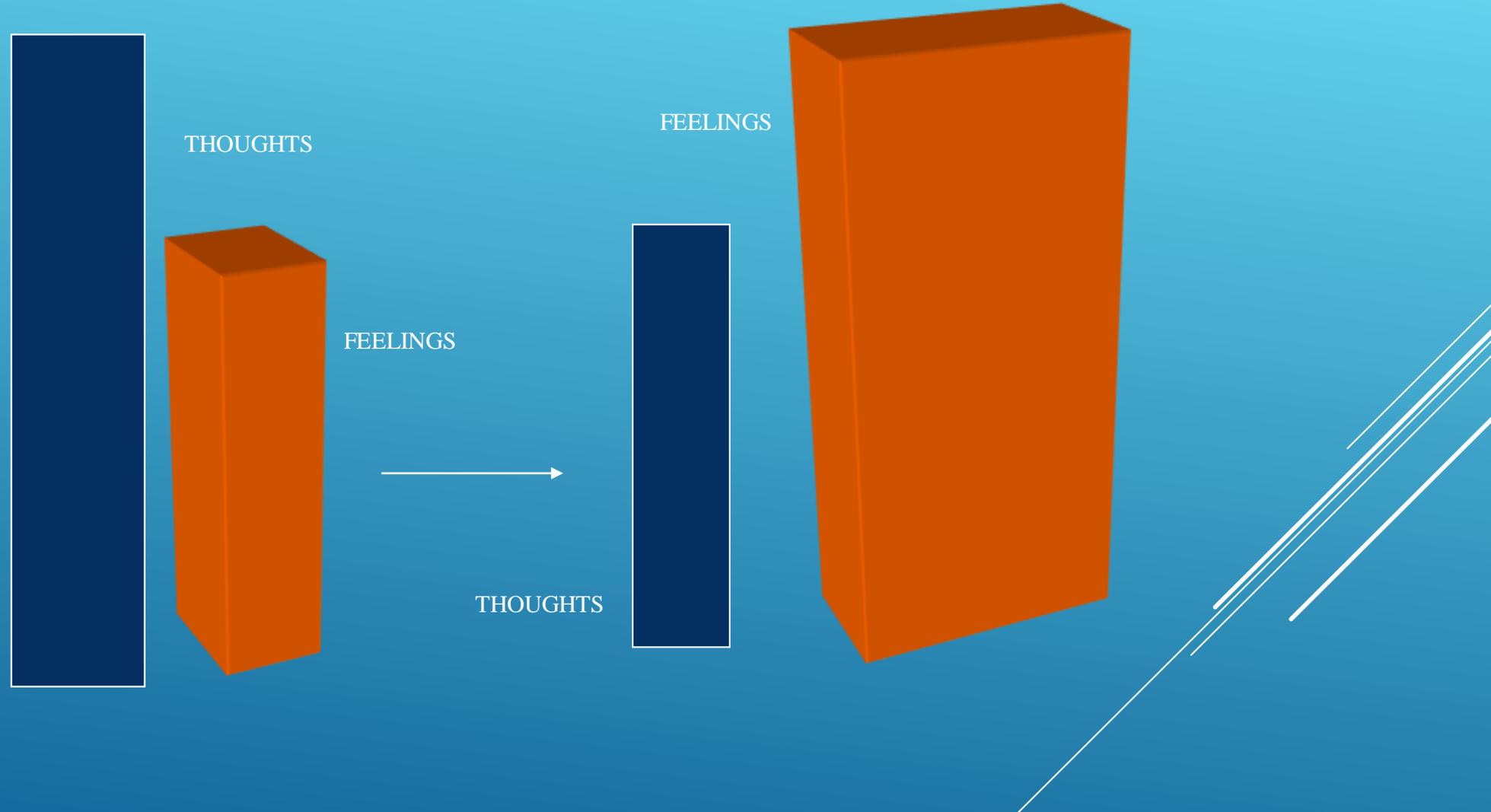
An acute RESPONSE to a trauma, disaster, or other critical incident wherein:

1. Psychological homeostasis (balance) is disrupted (increased stress)
2. One's usual coping mechanisms have failed
3. There is evidence of significant distress, **impairment**, dysfunction

*(adapted from Caplan, 1964, Preventive Psychiatry)*

# PRE-CRISIS

# CRISIS



# CHARACTERISTICS OF A CRISIS

Disruption to a person's state of psychological balance

Usual coping mechanisms fail

Distress, impairment, or dysfunction

(Gerald Caplan, MD, 1964)

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# CRISIS AND STRESS

Crisis and stress are related. When a person has an emotional crisis, there is also a state of Mental and Physical arousal (stress) that goes along with the state of emotional turmoil

# STRESS WITHOUT CRISIS

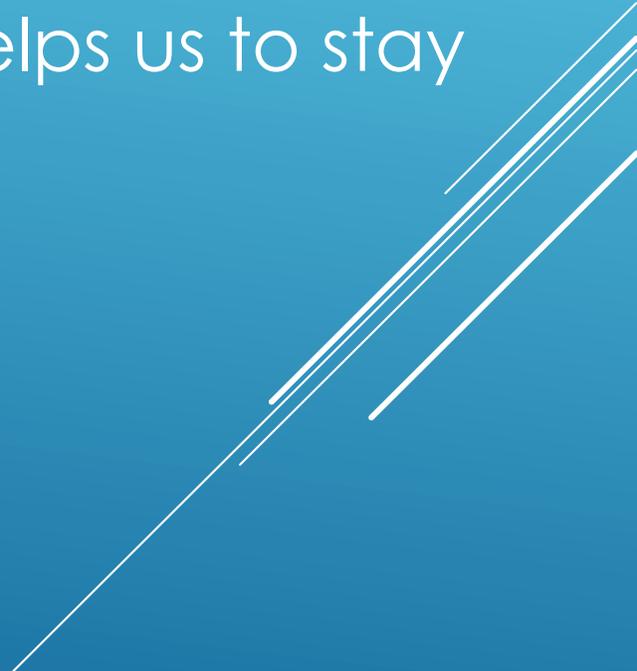
We live in stress throughout our existence (24 hours x's 7 days a week – always)

Balancing between eustress (good) and distress (bad)

Stress is a state of arousal from mild to extreme. Helps us to stay healthy

You have stress even when you have no crisis.

But you can't have a crisis without stress.

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# CRITICAL INCIDENT STRESS

An acute emotional, cognitive, and physical **reaction** that results from an exposure to a powerful, horrible, awful, terrifying, threatening or grotesque stimulus or to an overwhelming demand or circumstance

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# CRITICAL INCIDENT STRESS

A state of heightened cognitive, physical, emotional and behavioral arousal that accompanies the crisis



# CRISIS INTERVENTION

Crisis intervention is a ***temporary, active, and supportive*** entry into the life situation of an individual or of a group during a period of extreme distress.

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# SPECIFIC POPULATIONS

- PTSD PREVALENCE: 10-15% OF LAW ENFORCEMENT PERSONNEL
  - PTSD PREVALENCE: 10-30% OF THOSE IN FIRE SUPPRESSION
  - PTSD PREVALENCE: 16% VIETNAM VETERANS
  - PTSD PREVALENCE: ~12% IRAQ WAR VETERANS (NEJM, 2004) ~ 20-25% FOR PTSD, DEPRESSION, AND OTHER PROBLEMS COMBINED
- 

# BLUEHELP.ORG

- VERIFIED LE SUICIDES TO DATE (9/18/2020)
- 2020 – **125**
- 2019 – **228**
- 2018 – **172**
- 2017 – **168**
- 2016 – **143**
- Numbers include retired officers (34 in 2019)

# POLICE SUICIDE STATISTICS

870,000+ Sworn Law Enforcement Officers in United States

17 per 100,000 per year complete suicide

10 per 100,000 for general population

125 Officer Suicides in 2020 (09/18/2020)

24% increase in LEO Suicide in 2019

3x more likely to kill self than be killed by a felon

# PROFILE OF POLICE SUICIDE

2012 Study from Badge of Life Foundation

Average age of officers dying by suicide was 42

Average time on the job for officers dying by suicide was 16 years

15% – 18% (150,000) of officers suffered from Post-Traumatic Stress

91% of suicides were by male officers

63% of officers dying by suicide were single

11% of officers dying by suicide were military veterans

Firearms were used in 91.5% of police suicides

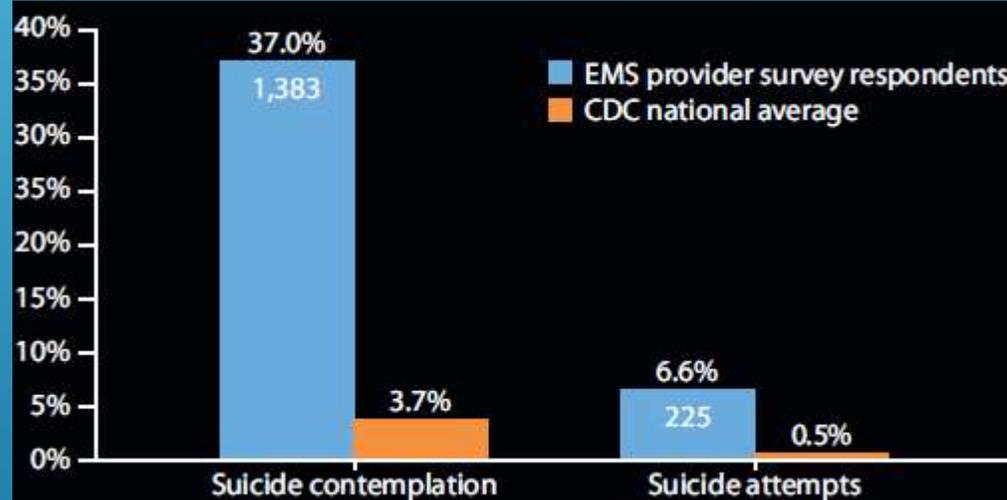
In 83% of the police officer suicides, personal problems appear prevalent prior to the suicide

11% of the police officers dying by suicide had legal problems pending

California and New York had the highest reported police suicides

# EMS SUICIDE DATA (JEMS, 2015)

N = 4022



# RISK FACTORS

**Relationship Problems - Family Stress**

**Department Stress, Officer Stress**

shift work, “extremes,” fear of injury or death,  
alcohol abuse, mistrust in management

**Financial Problems**

**Isolation or Separation**

**Illness or Injury**

**Depression**

**Trauma**

**Involvement in high profile critical incident**

Negative media attention

Criminal justice system

Pressure from State’s Attorney’s Office

# ACCESS TO FIREARMS

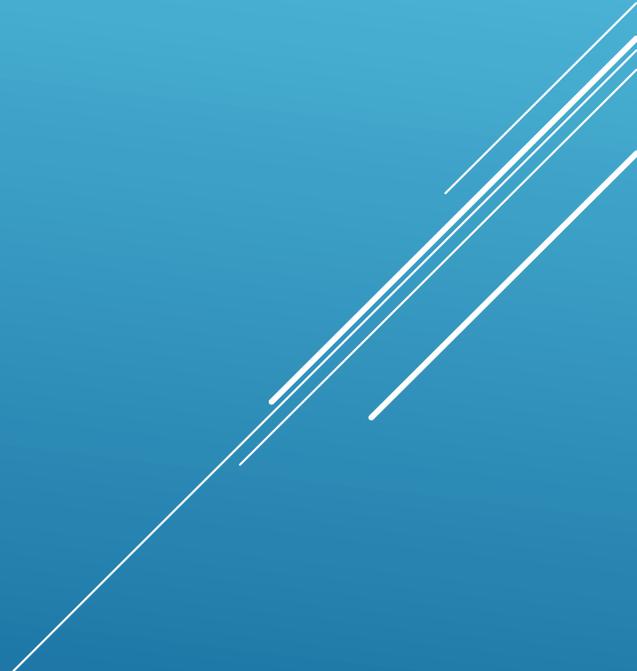
Most used means of suicide deaths

Used in 5% of attempts, responsible for 50% of suicide deaths, and have a 90% fatality rate

Leaves no time to reconsider

In homes with firearms, 83% of gun related deaths are suicide; often by the non-gun owner

# WHY?

- Many Officers work hard to disguise symptoms for fear of being perceived as weak therefore they fly “under the radar”
  - Stigma of Mental Health
  - Often do not seek help
  - Inherent risk of homicide or accidents overshadow psychological danger
  - Knowledge of Emergency Petitions
  - Fearful of losing job
  - Poor COPING STRATEGIES
    - Substance Abuse
    - Family Disruption
    - Work Deviance
- 

# PTSD

PTSD - Goes Unnoticed or addressed  
5x more likely in First Responders than  
civilians

## Characteristics

Intrusion

Avoidance

Physiological Arousal



# PTSD

- Trauma deals a strong blow to the ego causing a feeling of lack of control, vulnerability, and of not being able to cope with future occurrences.
- The Superman Syndrome” superhuman emotional and survival strength to deal with adversity.
- PTSD due to homicide of another officer → increases risk of suicidal thoughts by 2.5x  
PTSD due to death, witnessing devastation, child abuse → increase risk of suicidal thoughts by 3x
- PTSD coupled with alcohol use → increase risk of suicidal thoughts by 10x

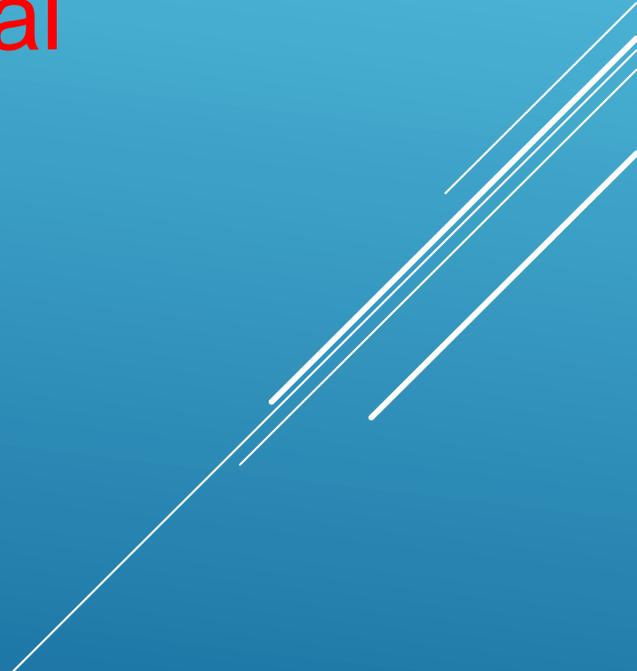
# PROTECTIVE FACTORS

- Restricted access to highly lethal means of suicide.

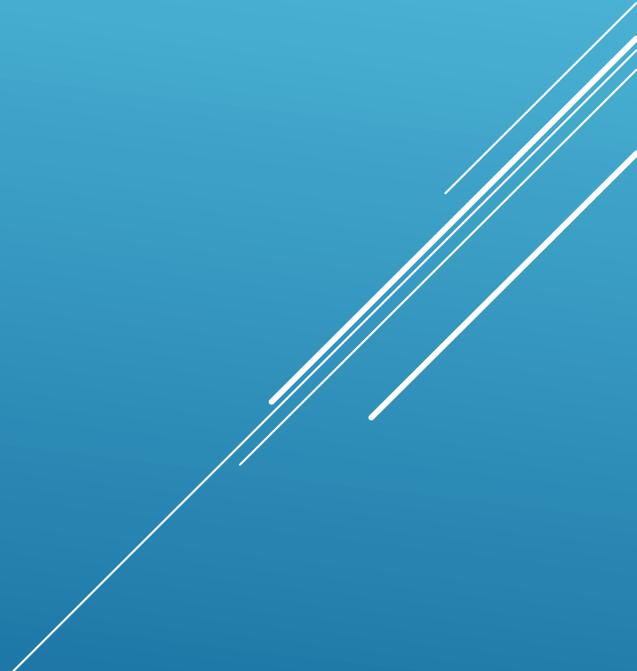


# PROTECTIVE FACTORS

- Restricted access to highly lethal means of suicide.
- Easy access to a variety of clinical interventions.

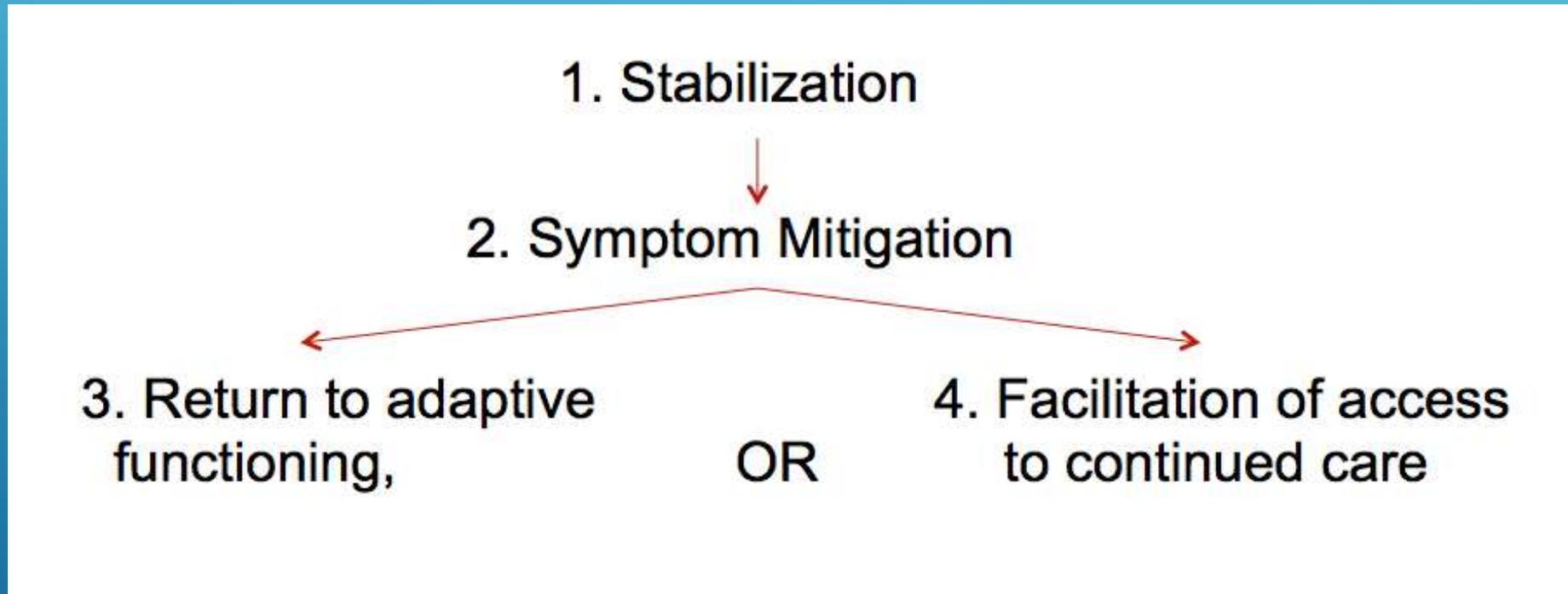


# CRISIS INTERVENTION

- A short-term helping process.
  - Acute intervention designed to stabilize and mitigate the crisis response.
  - Not psychotherapy.
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# CRISIS INTERVENTION

GOALS: TO FOSTER NATURAL RESILIENCY THROUGH...



# IMPORTANT!

CRISIS INTERVENTION TARGETS THE  
RESPONSE, NOT THE EVENT, PER SE.

THUS, CRISIS INTERVENTION AND  
DISASTER MENTAL HEALTH  
INTERVENTIONS MUST BE PREDICATED  
UPON ASSESSMENT OF NEED.

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ONE APPROACH, THAT HAS BEEN FREQUENTLY USED, TO INTEGRATE SUCH AN ARRAY OF CRISIS/DISASTER MENTAL HEALTH INTERVENTIONS ACROSS A CONTINUUM OF NEED IS **CRITICAL INCIDENT STRESS MANAGEMENT** FORMULATED BY JEFFREY MITCHELL IN THE 1980S AND EXPANDED UPON BY EVERLY AND OTHERS (CISM; EVERLY & MITCHELL, 1999).

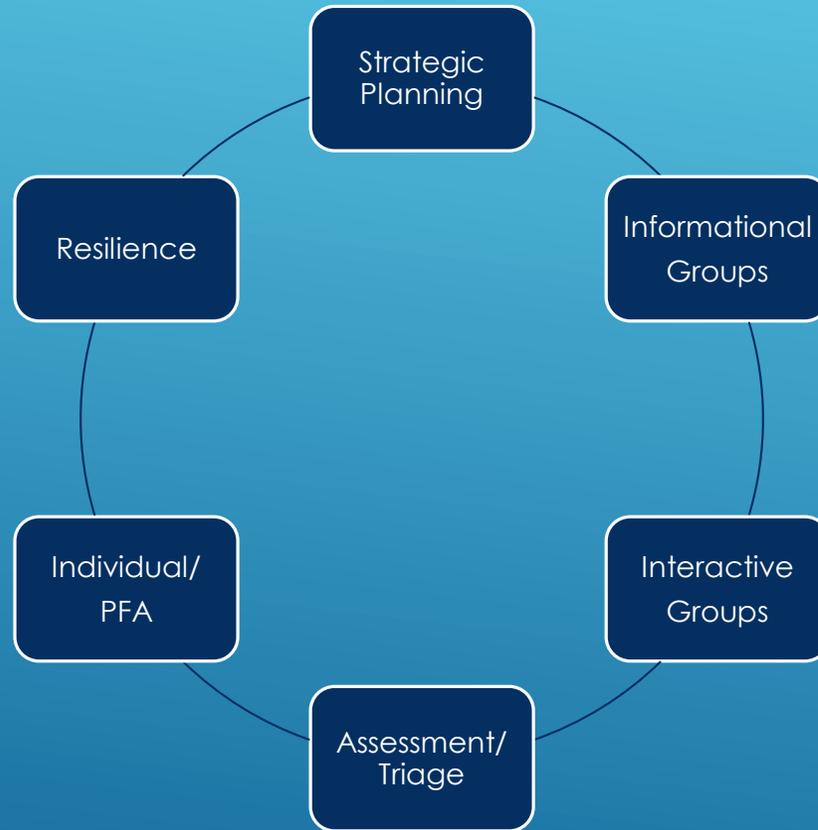
# CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

(EVERLY & MITCHELL, 1997, 1999; EVERLY & LANGLIEB, 2003)

A comprehensive, phase sensitive, and integrated, multi-component approach to crisis/disaster intervention.



# 6 CORE ELEMENTS OF CISM



# CISM (CRITICAL INCIDENT STRESS MANAGEMENT)

1. Assessment and Psychological Triage, **including initial surveillance (WATCH)**
2. Individual Crisis Intervention: Assisting Individuals in Crisis via Psychological First Aid (Everly, 2013)
  - Psychological alignment
  - Active listening
  - SAFER-R model
  - Follow-up and/or Referral
3. Informational Group Crisis Interventions (Mitchell, 2008):
  - RITS (REST-INFORMATION-TRANSITION services; psychological decompression for large groups of rescue/ recovery personnel)
  - Crisis Management Briefings (CMB): Can be done in large or small groups
4. Interactional Group Crisis Intervention (Mitchell & Everly, 1993; Mitchell, 2008):
  - Defusings (small groups)
  - Critical Incident Stress Debriefing (CISD)

5. Strategic Planning: Choosing the most appropriate interventions (Everly & Mitchell, 2008; Mitchell, 2008)

## 6. Fostering Personal and Community Resilience

- Organizational resilience building; Resilient Leadership training (IOM, 2013; Everly, Strouse, & Everly, 2010)
- Community resilience building
- Family crisis intervention and resilience (Everly, 2009)
- Pastoral crisis intervention (Everly, 2007)
- Personal resilience and self-care: **PSYCHOLOGICAL BODY ARMOR™** (Everly, 2009, 2013; Everly, Strouse, & McCormack, in press) using the “**five factors of human resilience**” (**optimism, decisiveness, a moral compass, tenacity, support**).

THE CHALLENGE IN CRISIS INTERVENTION IS NOT ONLY DEVELOPING **TACTICAL** SKILLS IN THE “CORE INTERVENTION COMPETENCIES,” BUT IS IN KNOWING **WHEN** TO BEST **STRATEGICALLY** EMPLOY THE MOST APPROPRIATE INTERVENTION FOR THE SITUATION.



# CORE COMPETENCES OF COMPREHENSIVE CRISIS INTERVENTION

- Assessment/ triage benign (usual/expected/routine) vs. malignant (extreme) symptoms
  - Strategic planning and utilizing an integrated multi-component crisis intervention system within an incident command system (Part of ICS)
  - One-on-one crisis intervention
  - Small (**Interactive**) group crisis intervention
  - Large (**Informational**) group crisis intervention
  - Follow-up and referral (3-5 contacts routine, 6-8 referral)
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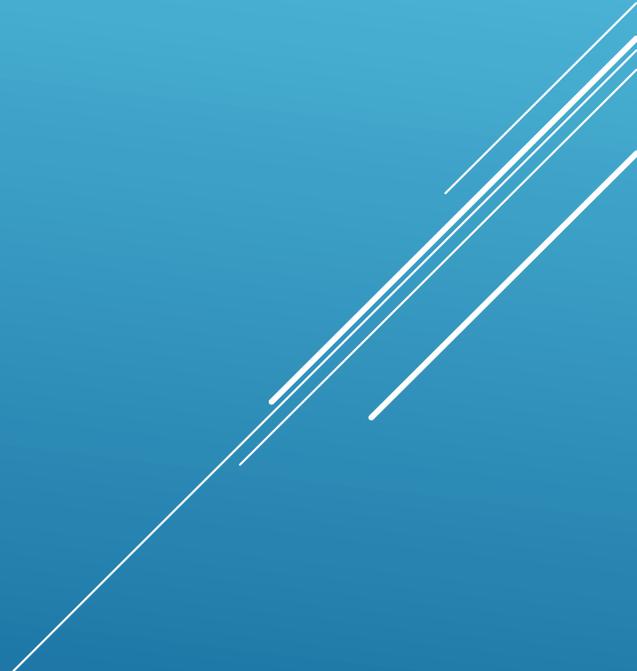
# STAY IN TOUCH

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